

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000191		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/19/2012	
NAME OF PROVIDER OR SUPPLIER FORUM AT THE CROSSING				STREET ADDRESS, CITY, STATE, ZIP CODE 8505 WOODFIELD CROSSING BLVD INDIANAPOLIS, IN 46240			
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R 148	<p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency</p> <p>(e) The facility shall maintain buildings, grounds, and equipment in a clean condition, in good repair, and free of hazards that may adversely affect the health and welfare of the residents or the public as follows:</p> <p>(1) Each facility shall establish and implement a written program for maintenance to ensure the continued upkeep of the facility.</p> <p>(2) The electrical system, including appliances, cords, switches, alternate power sources, fire alarm and detection systems, shall be maintained to guarantee safe functioning and compliance with state electrical codes.</p> <p>(3) All plumbing shall function properly and comply with state plumbing codes.</p> <p>(4) At least yearly, heating and ventilating systems shall be inspected.</p> <p>This RULE is not met as evidenced by: Based on observation and interview, the facility failed to ensure chemicals and sharps were stored securely to prevent access by the residents who were confused and mobile. This deficient practice affected 23 of 25 residents on the secured dementia unit. (Residents #180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 191, 192, 193, 194, 195, 197, 198, 199, 200, 201, 202, 203, 204)</p> <p>Findings Include:</p> <p>1. On 12/19/12 at 9:00 A.M. the Director of the memory care unit indicated the following 23 of 25 residents residing on the unit were mobile: Residents #180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 191, 192, 193, 194, 195, 197, 198, 199, 200, 201, 202, 203, 204)</p>			R 148			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

WDWS11

If continuation sheet 1 of 8

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R 148	<p>Continued From page 1</p> <p>On 12/18/12 at 3:00 P.M. the Director of the memory care unit and the Administrator of the facility indicated 25 of 25 residents residing on the memory care unit had a diagnosis of dementia and/or Alzheimer 's. The Director and the Administrator also indicated the activity room was always open and residents were free to come in and out of the activity room and they were not always supervised.</p> <p>2. On 12/17/12 at 11:55 A.M. Resident 181 was observed in the activity room without supervision from 1:55 A.M. to 12:10 P.M. The activity closet, with double doors standing ajar, had the following items easily accessible:</p> <p>A: 1 27 oz can of Febreze Pet Odor Eliminator The warning label on the can read "do not spray directly at face. If eye contact occurs rinse well with water, seek medical attention, or call poison control center right away."</p> <p>B: 2 9.7 oz. Bottles of Febreze Air Effects The warning label read "do not spray directly at face. If eye contact occurs rinse well with water, seek medical attention, or call poison control center right away."</p> <p>C: Rustoleum Metallic Paint and Primer 11.0 oz. Warning Label read "may affect brain or nervous system, causing dizziness, headache, and nausea if they are to occur seek medical attention or contact the poison control center immediately. Extremely Flammable."</p> <p>D: Krylon Low Odor Clear Finish 11.0 oz. Warning label read "In case of eye contact flush thoroughly with large amounts of water for fifteen minutes, seek medical attention, or contact</p>	R 148			

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R 148	<p>Continued From page 2</p> <p>poison control center right away."</p> <p>On 12/18/12, the activity room as a whole was observed unsupervised from 12:20 to 1:10 and the doors were open. On 12/18/12 at 12:20 the activity room closet doors were observed ajar with the following items easily accessible:</p> <p>A: 3 screwdrivers</p> <p>B: 1 staple remover</p> <p>C: 2 hot glue guns</p> <p>D: 1 1.7 oz. bottle of [brandname] antibacterial hand gel with a warning label that read "if swallowed seek medical attention or contact poison control center right away."</p> <p>E: 2 8.0 ounce bottles of hand sanitizer. 1 bottle was full and the other was 3/4 of the way full. Warning Label read " If swallowed seek medical attention or contact poison control center immediately."</p> <p>F: One 11.0 oz. can of Design Master Spray Paint. Label read "DANGER: harmful if inhaled or absorbed through the skin". On the back of the can there were Health Hazards" Causes irritation may cause allergic skin reaction. Over exposure causes nausea, headache, vomiting, unconsciousness, or death may occur if too much is breathed. May cause heart irregularities. First Aid always get prompt medical attention for any ill effect. If in eyes, immediately flush eyes with water, if on skin wash with soap and water, if inhaled get fresh air and medical attention."</p> <p>G. One 6.0 oz can of [name brand] Sport Sunscreen Spray (water resistant for 80 minutes)</p>	R 148			

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R 148	<p>Continued From page 3</p> <p>Warning Label read "if swallowed seek medical attention or contact poison control center right away."</p> <p>H: One 6 oz. Bottle of [name brand] spray sunscreen very water resistant. Warning label read" if swallowed seek medical attention immediately or contact poison control center immediately."</p> <p>I: One 45 pack of Antibacterial Wet Wipes Warning Label read "if swallowed seek medical attention immediately or contact poison control center immediately."</p> <p>J: 3 pairs of scissors</p> <p>On 12/18/12 at 1:10 P. M the activity director was interviewed in reference to the hazards found in the activity closet which were easily accessible to the residents. She indicated that she did usually lock the closet doors because the staff needed access to the contents of the closet throughout the day. She also indicated the doors were equipped with locks on both the top and the bottom of each door and she did lock the closet doors before she left at night. She indicated she is understood that considering the diagnosis of these residents in particular, the closet doors should be locked at all times and/or the residents should be under supervision while having the ability to access those items.</p> <p>In an interview on 12/18/12 at 3:00 P.M. with the Director of the memory care unit and the Administrator, they indicated the unit is set up to allow residents the freedom to come and go as the please within the unit boundaries. They also indicated that there are times that the residents are in the activity room without supervision and that the doors should be locked on the closets containing the hazards.</p>	R 148			

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R 217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p> <p>(1) The services offered to the individual resident shall be appropriate to the:</p> <p>(A) scope;</p> <p>(B) frequency;</p> <p>(C) need; and</p> <p>(D) preference;</p> <p>of the resident.</p> <p>(2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review.</p> <p>(3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request.</p> <p>(4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services.</p> <p>(5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the facility failed to ensure resident service plans in a secured dementia unit were signed by the resident, or a significant other, for 5 of 5 records reviewed for service plans in a sample of 7. (Residents #181, #190, #195, #200 and #202)</p> <p>Findings include:</p>	R 217			

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R 217	<p>Continued From page 5</p> <p>1. The record of Resident #181 was reviewed on 12/18/12 at 2:10 p.m.</p> <p>Diagnoses for Resident #181 included, but were not limited to, Alzheimer's dementia, anxiety and agitation.</p> <p>Resident #181 was admitted to the facility on 3/1/12.</p> <p>An Individualized Resident Service Plan, dated November, 2012, had been created for Resident #181. The service plan was not signed by the resident or a significant other.</p> <p>2. The record of Resident #190 was reviewed on 12/18/12 at 11:30 a.m.</p> <p>Diagnoses for Resident #190 included, but were not limited to, dementia and depression.</p> <p>Resident #190 was admitted to the facility on 7/5/10.</p> <p>An Individualized Resident Service Plan, dated November, 2012, had been created for Resident #190. The service plan was not signed by the resident or a significant other.</p> <p>3. The record of Resident #195 was reviewed on 12/18/12 at 1:30 p.m.</p> <p>Diagnoses for Resident #195 included, but were not limited to, Alzheimer's dementia and failure to thrive.</p> <p>Resident #195 was admitted to the facility on 9/15/10.</p>	R 217			

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R 217	<p>Continued From page 6</p> <p>An Individualized Resident Service Plan, dated November, 2012, had been created for Resident #195. The service plan was not signed by the resident or a significant other.</p> <p>4. The record of Resident #200 was reviewed on 12/17/12 at 1:25 p.m.</p> <p>Diagnoses for Resident #200 included, but were not limited to, dementia, depression and Parkinson's disease.</p> <p>Resident #200 was admitted to the facility on 8/22/11.</p> <p>An Individualized Resident Service Plan, dated November, 2012, had been created for Resident #200. The service plan was not signed by the resident or a significant other.</p> <p>5. The record of Resident #202 was reviewed on 12/17/12 at 11:00 a.m.</p> <p>Diagnoses for Resident #202 included, but were not limited to, dementia and psychosis with paranoia.</p> <p>Resident #202 was admitted to the facility on 9/8/04.</p> <p>An Individualized Resident Service Plan, dated November, 2012, had been created for Resident #202. The service plan was not signed by the resident or a significant other.</p> <p>During an interview with the Director of the secured dementia unit on 12/18/12 at 2:30 p.m. she indicated "We never have the family or resident sign the service plans." She indicated the unit staff meet frequently with family and</p>	R 217			

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R 217	<p>Continued From page 7</p> <p>"family is aware of what is on the service plans."</p> <p>During an interview with the Director of the secured dementia unit on 12/19/12 at 9:00 a.m. she indicated she was not able to find any services plans for Residents #181, #190, #195, 200 and #202 which had been signed by the resident or a significant other.</p> <p>A facility policy, titled "Resident Service Plans, dated 11/15/05, received from the Administrator on 12/18/12 at 12:55 p.m., indicated "...Procedure...2. The resident (and family/caregiver if desired by the resident) shall be involved in all aspects of the assessment and service planning process. A meeting shall be held with the resident (family/caregiver) to review and sign the service plan..."</p>	R 217			